

(1) Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**IN THE SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

(2) In the Matter of the Guardianship and/or Conservatorship of:  
Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
☐ An Adult ☐ A Minor

(3) Case Number: GC \_\_\_\_\_

**GUARDIAN'S REPORT**  
(4) ☐ ANNUAL AND NOTICE OF HEARING  
(5) ☐ Non-appearance calendar  
(6) ☐ UPON DISCHARGE

(7) **NOTICE OF HEARING:** The court has set a hearing to review this Report as follows:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Division: \_\_\_\_\_  
(All Divisions are in the Coconino County Courthouse, 200 N. San Francisco St., Flagstaff, AZ.)  
Unless it is on the non-appearance calendar, the guardian shall appear at the hearing. Anyone else with an interest in this case need appear at the hearing only if they wish to object to part of this Report.

If you know in advance that you can't attend the hearing on the date scheduled, you may ask the court to reschedule, or "continue", the hearing. Asking for a continuance involves multiple steps and deadlines that the court will expect you to know and follow. See the Self-Help Center packet *Motion to Continue*.

**GUARDIAN'S REPORT:**

(8) Report Period Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

(9) **The Ward:**  
WARD 1's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Year Minor Will Turn 18: \_\_\_\_\_  
WARD 2's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Year Minor Will Turn 18: \_\_\_\_\_  
WARD 3's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Year Minor Will Turn 18: \_\_\_\_\_

(10) **The Guardian and/or Conservator:**  
NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
☐ True or ☐ False: The guardian has been charged with or convicted of a criminal offense, other than a civil traffic violation, during the report period. If True, explain:  
Charge: \_\_\_\_\_ Court: \_\_\_\_\_ Case Number: \_\_\_\_\_

(11) **Where the Ward Lives:**  
The information about where the ward lives ☐ changed or ☐ did not change during the report period.

(12) Ward's Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 The ward lives in the private home of: \_\_\_\_\_  
 The ward lives in the following facility: \_\_\_\_\_  
 Facility Type: \_\_\_\_\_ Person in Charge of Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_

(13) **Governmental Agency Services:**

The ward received services from the following governmental agency.

AGENCY'S NAME: \_\_\_\_\_

Person Responsible for the Ward's Affairs at the Agency: \_\_\_\_\_

Summary of Services: \_\_\_\_\_

AGENCY'S NAME: \_\_\_\_\_

Person Responsible for the Ward's Affairs at the Agency: \_\_\_\_\_

Summary of Services: \_\_\_\_\_

(14) **Certificate of Delivery:** The guardian will mail or hand-deliver a copy of this Report to the following on the date it is filed.

	WARD 1	WARD 2	WARD 3
<b>THE WARD OVER 13</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THE WARD'S MOTHER</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THEIR FATHER</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THEIR CLOSEST ADULT RELATIVE</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THEIR COURT-APPOINTED ATTORNEY</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>THEIR CONSERVATOR</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
<b>PEOPLE HAVING CARE OR CUSTODY OF THEM</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____

	WARD 1	WARD 2	WARD 3
THE WARD'S SPOUSE:			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____

	PEOPLE WHO FILED A DEMAND FOR NOTICE	THE WARD'S ADULT CHILDREN
NAME:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____
NAME:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____

**(15) Contact Between the Ward and the Guardian:**

Number of Times the Guardian Has Seen the Ward in the Last 12 Months: \_\_\_\_\_  
 Date the Guardian Last Saw the Ward: \_\_\_\_\_

**(16) The Ward's Physician:**

Physician's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date a Physician Last Saw the Ward: \_\_\_\_\_  
 A copy of the physician's report is attached.

**(17) Inpatient Mental Health Care Authority:**

☐ The guardian has inpatient mental health care authority through \_\_\_\_\_  
 A report by a psychiatrist or psychologist explaining the ward's current need for inpatient mental health care and treatment is attached.

**(18) The Ward's Status:**

Major Changes in the Ward's Physical or Mental Condition During the Report Period:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Why the Guardianship Should Continue or Change:  
 \_\_\_\_\_  
 \_\_\_\_\_

**(19) Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>(20)</b> _____          Guardian's Signature          Date: _____</p>	<p>_____          Guardian's Signature          Date: _____</p>
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